MEDICINE TODAY

This department of California and Western Medicine presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to every member of the California, Nevada and Utah Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

The Injection Treatment of Anal Fissure.—Fissure in ano comprises eight per cent of rectal cases and is dreaded by most practitioners. The patient is commonly in such severe pain that he demands instant relief. Local applications of medicine, except in the mildest cases, bring tardy, if any, improvement. Operative interference by excision of the fissured area, or divulsion or cutting of the sphincters, is regarded by the patient with an apprehension occasionally deserved. Yet, as a matter of fact, there are few troubles so promptly relieved and so happily cured as is anal fissure by the injection method.

When a complaint of severe rectal pain is presented in the absence of fever, and the patient is carefully examined with the buttocks drawn well apart, a fissure or ulcer may be found either in the exact posterior or, occasionally in women, in the exact anterior quadrant close to the anal canal. The sphincter ani and levatores ani muscles run in anteroposterior direction supporting the anal canal. Strain across the direction of their fibers is well supported, but the unsupported skin between their fibers in the posterior or six o'clock quadrant is readily torn when pressure is there concentrated, as by straining to pass a large, hard stool.

The patient being in the left Simms position, procain hydrochlorid solution one per cent is injected very slowly by a hypodermic needle three-fourths inch, gauge 25, underneath the fissured area. This is to render the area insensitive while the injection of the more permanently anesthetic and curative solution of quinin urea hydrochlorid follows. Two per cent solution is recommended, injected slowly, deep beneath the fissure. Some have used five per cent, but if such a strong solution be used the quantity should be limited to one cubic centimeter lest a slough occur. I prefer, for safety, weaker solutions in rather larger quantity and find them equally effective. If there be a tiny sentinel pile of skin just peripheral to the external end of the fissure it is snipped off to assure good drainage from the fissure. As soon as injection is made the patient is completely relieved of his severe pain. He leaves the office happy and grateful.

The sphincter ani muscle now lets go of its spasm and allows the ulcer to begin healing. Primary disease up in the anal canal may be treated meanwhile. In ten days there is a mild return of pain in the fissure, and one more injection of procain is given, followed by quinin urea, this time in only one per cent. In three weeks, healing should be complete and at no time should the patient be uncomfortable.

Contraindications to the injection treatment are anal ulcers due to such causes as tuberculosis, chancroidal infection, carcinoma, and chancre. Tuberculous ulcers are usually multiple. Chancroidal ulcers spread rapidly. Carcinoma has a hard, often rolled border. Chancre is more difficult to distinguish, but inguinal lymph adenopathy may raise the suspicion of need for darkfield examination.

NORMAN J. KILBOURNE, Los Angeles.

Pneumonia on the Pacific Coast.—Because most pneumonia studies on large series of cases have been conducted in the eastern and middle western states clinics, it was thought that a survey of this disease as met with on the Pacific Coast would be of interest. These findings, which are briefed from a larger paper, are here given in short summary:

The winter of 1928-1929 was marked by the prevalence and the virulence of the pneumonias in California. At Highland Hospital in Oakland, where this study was made, 485 patients were treated. Of these, 393 were diagnosed bronchopneumonia, and 87 lobar pneumonia. The mortality among the former was 32 per cent, while among the latter it was 34 per cent. The greatest number of deaths occurred between the ages of thirty to forty-five years. The ratio of males to females was two to one. In children 85 per cent of the patients suffered from bronchopneumonia with a mortality of 20 per cent. In lobar pneumonia patients the temperature fell by crisis in 30 per cent. The seat of lesion occurred in the right lung in 70 per cent, in the left lung 22 per cent, while in 8 per cent it was bilateral. Complicating features in all pneumonias, however, were not usual. Delayed resolution occurred in 3 per cent, empyema in 2 per cent, meningitis in 0.5 per cent, pericarditis in 0.5 per cent.

During the winter of 1929-1930 only 268 cases of pneumonia were encountered. Of these, 210 suffered from bronchopneumonia, and 58 from lobar pneumonia. The mortality in the former was 21 per cent, while in the lobar type it was but 10 per cent. Empyema occurred in but 2 per cent of the patients suffering from bronchopneumonia, none of them being fatal.

The most obvious reason for these differences, both in prevalence and mortality, in these two years was the apparent low virulence of the organism, for the treatment remained essentially the same.

The subject of serum treatment being a pertinent one, investigation was undertaken with this